

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

43327

State File No. _____
 Registrar's No. 470

FILED JAN 5 1954

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5570

2000

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Sibley</u>		c. CITY OR TOWN <u>Sibley - rural</u>	
c. LENGTH OF STAY (in this place) <u>84 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>7000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>Rufus</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11, 1953</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 5, 1869</u>
9. AGE (In years last birthday) <u>84</u> Months <u>11</u> Days <u>6</u>		11. BIRTHPLACE (State or foreign country) <u>Sibley, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Samuel Rufus Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Silvers</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl E. Johnson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pearl E. Johnson, Sibley, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bright's disease (chronic)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>X</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>advanced Age</u> DUE TO (c) <u>X</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>X</u>			
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE - HOMICIDE (Specify) <u>X</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>593X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>X</u>	
22. I hereby certify that I attended the deceased from <u>Dec 5, 1953</u> ^{Made one call} that I last saw the deceased alive on <u>Dec 5, 1953</u> , and that death occurred at <u>8 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. W. Robertson, M.D.</u>		23b. ADDRESS <u>Buckner, Mo.</u>	23c. DATE SIGNED <u>Dec 11-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Dec. 13, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sibley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sibley, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Dec. 12 53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Vernon M. Keppert Buckner</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

..... Student Embalmer No. _____
working under my personal supervision

Student
Student Embalmer

Signed *Vernon M. Roberts* 4311

Licensed Embalmer No. _____

P. O. Address *Buckner Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.